



STATE OF NEBRASKA – Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986

Check one:

- ☐ Initial License
☐ Change of Location
☐ Change of Ownership

HEALTH CLINIC LICENSURE APPLICATION

Health Clinic Type: Please Check

☐ Health Clinic

☐ Public Health Clinic

☐ Facility providing labor & delivery services

☐ Facility providing 10 or more abortions per week

☐ Ambulatory Surgical Center

☐ Facility providing hemodialysis services

☐ Other _____
(please specify)

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____

ADDRESS: _____
(Street Address, City, Zip)

2. TELEPHONE NUMBER: _____ FAX: _____
(Area Code) (Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____

6. PLANNED OCCUPANCY DATE: _____

7. NUMBER OF OPERATING/PROCEDURE ROOMS _____ (only applicable for Ambulatory Surgical Centers)

8. ACCREDITATION/CERTIFICATION: (Check if applicable) ☐ JCAHO ☐ Accreditation Association of Ambulatory Health Care
☐ Medicare/Medicaid

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)

ADDRESS: _____
(Street Address, City, Zip)

10. MAILING ADDRESS OF OWNERSHIP: _____
(If Different Than Above)

11. BUSINESS ORGANIZATION: (Check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Governmental

☐ Other (Please Specify) _____

(Check one)

☐ State

☐ District

☐ County

☐ City or Municipal

(check one)

☐ Profit ☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

(1) the owner, if the applicant is an individual or partnership,

(2) two of its members, if the applicant is a limited liability company,

(3) two of its officers, if the applicant is a corporation, or

(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Authorized Representative – Type Or Print

Signature

Date

Authorized Representative – Type Or Print

Signature

Date